



Missouri
Department of
Natural Resources

RECREATIONAL USE ATTAINABILITY ANALYSES
PUBLIC COMMENTS

Public Comment Period
May 21, 2008 – August 31, 2008

Castor River
WBID # 2297

Class P
Bollinger County to Madison County

Missouri Department of Natural Resources
Water Protection Program
PO Box 176
Jefferson City, MO 65102-0176
800-361-4827 / 573-751-1300



Missouri Department of Natural Resources

Stream Usage Survey

1. Stream Name (Please enter the full name)

2. County (Please enter the county or counties where the use occurs)

3. City or Town (Please enter city or town closest to the area of use)

4. Where do you use the stream? If use occurs in multiple locations, please list them all below. (Please be specific so the location can be identified on a map, e.g., 9th Street Bridge, Anytown City Park, Quarter Section-Township-Range, Latitude/Longitude, etc).

5. Have you or your family personally used the stream at this site(s) for recreation since Nov. 28, 1975?

☒ Yes If Yes, go to Question #6 ☐ No If No, go to Question #11

6. Have you or your family personally used the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:

☒ Swimming ☐ Tubing ☐ Snorkling/Skin Diving ☐ Water Skiing

7. How many times per year have you or your family personally used the stream for these activities?

8. Have you or your family personally used the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:

☒ Fishing ☐ Wading ☐ Boating ☐ Trapping

9. How many times per year have you or your family personally used the stream for these activities?

10. How many of these times did children wade or play in the stream?

11. Have you observed or heard of others using the stream at this site(s) for recreation since Nov. 28, 1975?

☒ Yes If Yes, go to Question #12 ☐ No If No, go to Question #17

12. Have you observed or heard of others using the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:

☒ Swimming ☐ Tubing ☐ Snorkling/Skin Diving ☐ Water Skiing

13. How many times per year have you observed or heard of others using the stream for these activities?

14. Have you observed or heard of others using the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:

☒ Fishing ☐ Wading ☐ Boating ☐ Trapping

15. How many times per year have you observed or heard of others using the stream for these activities?

16. How many of these times did you observe or hear of children wading or playing in the stream?

17. Do you have additional comments you would like to provide the department regarding this stream?

18. In the event the department has questions, please provide the following contact information:

First Name: Last Name:

Address 1: Address 2:

City: State: Zip Code: -

Phone Number: () - ext. E-mail: